


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 467738</b>	
1. Entity Name TI-CO MEDICAL INSTRUMENTS, INC.	

Principal Place of Business 660 COX RD 3 COCOA, FL 32926 US	Mailing Address P.O. BOX 236217 COCOA, FL 32923-6217 US
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<b>DO NOT WRITE IN THIS SPACE</b>	
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04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1661529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WRIGHT, SCOTT 2285 W EAU BLVD MELBOURNE, FL 32935
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000331501 04/26/05-80017-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMICICH, E J 4673 S FRIDAY CIRCLE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEER, DAVE 730 SPANISH COVE DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMICICH, STEVE 11901 SW 91ST AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, GLEN 8349 WILLOE SPRINGS DR MORRISON, CO 804652155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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